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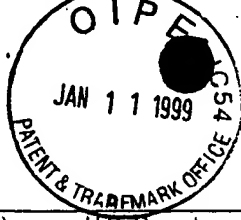
PTO/SB/21 (modified)  
Approved for use through xx/xx/xx, OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	08/884,573	<b>Received</b>  JAN 19  Group 2700
	Filing Date	June 27, 1997	
	First Named Inventor	Roger W. Swanson	
	Group Art Unit Number	2773	
	Examiner Name	K. Tung	
Total Number of Pages in This Submission	22	Attorney Docket Number	2500

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input checked="" type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input checked="" type="checkbox"/> Formal Drawing(s): [ 7 ] Sheet(s) of Figure(s) [2A, 2B, 2C, 2D, 5, 6, 7]
<input type="checkbox"/> Assignment & PTO-1595	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Amendment/Response: [ 11 ] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Power of Attorney	<input type="checkbox"/> _____
<b>REMARKS:</b>	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Amir H. Raubvogel/Reg. No. 37,070	Dated:	January 6, 1999

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Amir H. Raubvogel	Dated:	January 6, 1999
Express Mail Mailing Number (optional):			



PTO/SB/17 (6-95)(modified)  
Approved for use through 11/30/96, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>0002/PTO(modified)</b> Rev. 10/95	<b>U.S. Department of Commerce</b> Patent and Trademark Office	<b>Complete if Known</b>	
		Application Number	08/884,573
		Filing Date	June 27, 1997
		First Named Inventor	Roger W. Swanson
		Group Art Unit	2773
		Examiner Name	K. Tung
Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$0)		Attorney Docket Number	2500

## FEE TRANSMITTAL

### TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) =

(\$0)

Application Number	08/884,573
Filing Date	June 27, 1997
First Named Inventor	Roger W. Swanson
Group Art Unit	2773
Examiner Name	K. Tung
Attorney Docket Number	2500

Received

JAN 19

Group 2700

### METHOD OF PAYMENT

#### 1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☐ Charge any additional fee required under 37 CFR 1.16 and 1.17 or credit any over payments to the below mentioned deposit account.<sup>†</sup>
- ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.

Deposit Account Number: 19-2555

Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

#### 2. ☐ Payment Enclosed:

☐ Check ☐ Other

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Fee Code/Fee Small Entity Fee Code/Fee

Fee Code/Fee	Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$110	215/\$55	Extension for response within first month <sup>†</sup>	
116/\$380	216/\$190	Extension for response within second month <sup>†</sup>	
117/\$870	217/\$435	Extension for response within third month <sup>†</sup>	
118/\$1,360	218/\$680	Extension for response within fourth month <sup>†</sup>	
128/\$1,850	228/\$925	Extension for response within fifth month <sup>†</sup>	
119/\$300	219/\$150	Notice of Appeal	
141/\$1,210	241/\$605	Petition to revive unintentionally abandoned application	
142/\$1,210	242/\$605	Utility Issue Fee (Or Reissue)	
143/\$430	243/\$215	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
123/\$50	123/\$50	Petitions related to provisional applications	
126/\$240	126/\$240	Submission of Information Disclosure Statement	
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	
146/\$760	246/\$380	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$760	249/\$380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify):

Other fee (specify):

SUBTOTAL (3) (\$0)

### FEE CALCULATION (fees effective 10/01/97)

#### 1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$760	201/\$380	Utility Filing	
106/\$310	206/\$155	Design Filing	
108/\$760	208/\$380	Reissue Filing	
114/\$150	214/\$75	Provisional Filing	

SUBTOTAL (1) (\$0)

#### 2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$78	202/\$39	Independent claims in excess of 3
104/\$260	204/\$130	Multiple dependent claim
109/\$78	209/\$39	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**		
TOTAL	29	minus*	20 or 29	=	0	18	0
INDEP	6	minus*	3 or 6	=	0	78	0
[ ] First presentation of multiple dependent claim							=

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$0)

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Typed or Printed Name	Amir H. Raubvogel	Reg. Number	37,070
Signature		Date	January 6, 1999

<sup>†</sup> Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby